



**GEORGIA MEDICAID FEE-FOR-SERVICE  
VELTASSA PA SUMMARY**

Preferred	Non-Preferred
n/a	Veltassa (paritomer)

**LENGTH OF AUTHORIZATION:** 1 year

**PA CRITERIA:**

- ❖ Approvable for members 18 years of age or older with a diagnosis of hyperkalemia with a baseline (prior to treatment) potassium level 5.1 to <6.5 mEq/L

*AND*

- ❖ Member must have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect with sodium polystyrene sulfonate (SPS, Kalexate, Kayexalate, Kionex)

*OR*

- ❖ Member must not be a candidate for sodium polystyrene sulfonate therapy due to the member is postoperative or receiving opiates, or has an ileus or bowel obstruction.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

**PREFERRED DRUG LIST:**

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.